

FQ1. Which **one** of the categories on this card **best** describes the ownership of your facility?

SHOW CARD FQ1	FOR PROFIT (AN INDIVIDUAL, PARTNERSHIP OR CORPORATION)... 1
FACOWNED	PRIVATE NONPROFIT (RELIGIOUS GROUP, NONPROFIT CORPORATION, ETC.) 2
	CITY/COUNTY GOVERNMENT 3
	STATE GOVERNMENT 4
	VETERANS ADMINISTRATION 5
FACOWNOS	OTHER (SPECIFY) 91

FQ2. Which category best describes your facility?

SHOW CARD FQ2	HOSPITAL 1
	NURSING HOME 2
	RETIREMENT HOME 3
	DOMICILIARY OR PERSONAL CARE FACILITY 4
	MENTAL HEALTH FACILITY 5
	INSTITUTION FOR THE MENTALLY RETARDED/ DEVELOPMENTALLY DISABLED 6
	MENTAL HEALTH CENTER 7
	LIFE CARE/CONTINUING CARE FACILITY 8
	ASSISTED LIVING FACILITY 9
FACDISC	REHABILITATION FACILITY 10
FACDIOS	SOME OTHER PLACE (SPECIFY) 91

FQ3. Does this facility provide long-term care for any of its residents?

FACLONGT	YES 1 (FQ5)
	NO 2 (FQ6)

FQ4. Omitted

FQ5. How many beds are regularly maintained for long-term care residents? Include all beds staffed and set up for residents. Do not include beds used by staff or owners or beds used only for day care patients or emergency care.

FACLTBED _____
BEDS

FQ6. How many beds are there in the entire facility? [Please include those beds just mentioned as regularly maintained for long-term care residents.]

FACTOBED _____
BEDS

FQ7. Does this (facility/unit) have any beds certified by Medicare as SNF (that is, Skilled Nursing Facility) beds?

MCARCERT YES 1 (FQ8)
 NO 2 (FQ9)

FQ8. How many beds are certified under Medicare as SNF beds?

SNFBEDN _____
 # BEDS

FQ9. Does this (facility/unit) have any beds certified by Medicaid as NF (that is, Nursing Facility) beds?

MCADCERT YES 1 (FQ10)
 NO 2 (FQ11)

FQ10. How many beds are certified under Medicaid as NF beds?

MCDSNFN _____
 # BEDS

FQ11. Does this (facility/unit) have any beds certified by Medicaid as ICF-MR (that is, Intermediate Care Facility for the Mentally Retarded) beds?

MCADICF YES 1 (FQ13)
 NO 2 **BOX FQ1**
 DON'T KNOW -8 **BOX FQ1**

BOX FQ1	<p><u>REFER TO FQ7 AND FQ9. CHECK BOX</u></p> <p>FQ7 <u>OR</u> FQ9 = 1 (YES) • (SKIP TO FQ14)</p> <p><u>BOTH</u> FQ7 <u>AND</u> FQ9 = 2 (NO) • (SKIP TO FQ16)</p>
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FQ12. OMITTED

FQ13. How many beds are certified under Medicaid as ICF-MR beds?
 IF NO ICF-MR BEDS, ENTER 0.

MCDICFMR _____
 # BEDS

FQ14. Do you have any beds that are not certified by either Medicare or Medicaid?

CERTMCMD YES 1 (FQ15)
 NO 2 (FQ16)

FQ15. How many of these beds does this (facility/unit) have?

CERTBEDS _____
BEDS

FQ16. Does this facility provide different levels of care to its residents?

PROVLEVL YES 1 (FQ17)
NO 2 **BOX FQ1A**

FQ17. What are the different levels of care provided at this facility? (That is, how are the levels of care classified?)

LEVLSKIL Skilled 1
LEVLINTR Intermediate 2
LEVLOTH1 Other (SPECIFY) 3
LEVLOTS1 _____
LEVLOTH2 Other (SPECIFY) 4
LEVLOTS2 _____
LEVLOTH3 Other (SPECIFY) 5
LEVLOTS3 _____

BOX FQ1A	<p>a. REFER TO FQ7:</p> <p>FQ7 CODED 1 (YES) 1 (GO TO FQ17a)</p> <p>FQ7 CODED 2 (NO) 2 (GO TO BOX FQ1B)</p>
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FQ17a. May I please have this facility's Medicare Provider Number? If you have more than one number, please give me all of them. We need this number to access Medicare claims files to supplement the expenditure data we will be collecting. This information will be used only for research purposes. Providing this number will in no way affect this facility's certification status.

MEDICARE PROVIDER #

MEDICARE PROVIDER #

BOX FQ1B	<p>a. REFER TO FQ9 AND FQ11:</p> <p>FQ9 OR FQ11 CODED 1 (YES) 1 (GO TO FQ17b)</p> <p>FQ9 OR FQ11 CODED 2 (NO) 2 (GO TO INTRO ABOVE FQ18)</p>
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FQ17b. May I please have this facility's Medicaid Provider Number? If you have more than one number, please give me all of them. This information will allow us to augment facility data that we will be collecting. This information will be used only for research purposes. Providing this number will in no way affect this facility's certification status.

MEDICAID PROVIDER #

MEDICAID PROVIDER #

FQ20. Does this (facility/unit) primarily or exclusively cover any of the following groups of persons?
 CIRCLE ALL THAT APPLY.

SHOW CARD FQ3

- | | | |
|-----------------|--|---|
| PRIMDEAF | A. DEAF | 1 |
| PRIMBLND | B. BLIND | 1 |
| PRIMUWED | C. UNWED MOTHERS | 1 |
| PRIMABUS | D. ALCOHOLICS OR DRUG ABUSERS | 1 |
| PRIMORPH | E. ORPHANS OR OTHER DEPENDENT CHILDREN | 1 |
| PRIMMENT | F. MENTALLY ILL ONLY | 1 |
| PRIMMDEF | G. MENTALLY ILL AND DEAF | 1 |
| PRIMMEDD | H. MENTALLY RETARDED OR DEVELOPMENTALLY
DISABLED ONLY | 1 |
| PRIMMIMR | I. MENTALLY ILL AND MENTALLY RETARDED | 1 |
| PRIMNEUR | J. OTHER NEUROLOGICALLY OR PHYSICALLY
HANDICAPPED | 1 |
| PRIMGERI | K. GERIATRIC (ELDERLY OR AGED) | 1 |
| PRIMOTHR | L. SOME OTHER SPECIAL GROUP (SPECIFY) | 1 |
| PRIMOS | | |
| PRIMGRP | M. DOES NOT SERVE ONE GROUP PRIMARILY OR
EXCLUSIVELY | 1 |

FQ21. In addition to room and board, does this (facility/unit) routinely provide . . .

		<u>YES</u>	<u>NO</u>
ROOMCARE	a. Nursing or medical care?	1	2
SUPRVMED	b. Supervision over residents who administer their own medications?	1	2
FHLPBATH	c. Help with bathing?	1	2
FHLPDRES	d. Help with dressing?	1	2
FHLPSHOP	e. Help with correspondence or shopping?	1	2
FHLPWALK	f. Help with walking or getting about?	1	2
FHLPEAT	g. Help with eating?	1	2
FHLPCOMM	h. Help with communication (such as hearing, speaking, sign language, writing)?	1	2

FQ22. Does this (facility/unit) provide 24-hour-a-day, seven-day-a-week supervision or nursing coverage for its residents?

FHLPNURS	YES	1
	NO	2

GO TO BOX FQ2

BOX FQ2	<p style="text-align: center;">ELIGIBILITY CHECK</p> <p>A. DOES FACILITY HAVE 3 OR MORE LONG-TERM CARE BEDS (FQ5 = 3 OR MORE)?</p> <p>YES 1 (B)</p> <p>NO 2 BOX FQ3</p> <p>DK (FQ5 = NOT ANSWERED) 3 (B)</p> <p>B. DOES FACILITY PROVIDE PERSONAL CARE SERVICES TO RESIDENTS (FQ21 = AT LEAST <u>ONE</u> "YES" RESPONSE), OR PROVIDE CONTINUOUS SUPERVISION OF RESIDENTS (FQ22 = YES), OR PROVIDE ANY LONG TERM CARE (FQ3 = YES)?</p> <p>YES 1 (FQ23)</p> <p>NO 2 BOX FQ3</p>
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BOX FQ3	<p>That completes the interview about the facility. I need to conduct an interview with the individual(s) we have listed as living here. COMPLETE COMMUNITY QUESTIONNAIRE WITH SPs.</p>
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